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PTO/SB/21 (09-04)
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10/789.065 Application Number February 27, 2004 Filing Date TRANSMITTAL Moses A. Lipshaw, et al. First Named Inventor **FORM Art Unit** 3743 (to be used for all correspondence after initial filing) **Examiner Name** Henry Bennett Attorney Docket Number CAID 1019480 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)										
X Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC								
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences								
X Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)								
After Final	Petition to Convert to a Provisional Application	Proprietary Information								
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter								
X Extension of Time Request	Terminal Disclaimer	X Other Enclosure(s) (please Identify below):								
Express Abandonment Request	Request for Refund	postcard								
Information Disclosure Statement	CD, Number of CD(s)									
Certified Copy of Priority Document(s)	Landscape Table on CD									
Response to Missing Parts/ Incomplete Application										
Response to Missing Parts under 37 CFR 1.52 or 1.53										
SIGNATE	JRE OF APPLICANT, ATTORNEY, OR	AGENT								
Firm Name Gordon & Rees LLP	· · · · · · · · · · · · · · · · · · ·									
M. Fol	In the second se									
Signature # Durb Full										
Printed name Harris F. Brotman Date November 1, 2005	Reg.	No. 125 464								
Date November 1, 2005	Neg.	No. 35,461								
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.										
Signature	Farrell									
Typed or printed name Linda A. Farrell		Date 11/01/2005								

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PTO/SB/17 (12-04v2)
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Ž	Effective on 12/08/2004.	Complete il Known			
ENT &	Fees positions to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL	Application Number	10/789,065		
"	FEE TRANSMITTAL	Filing Date	02/27/2004		
	for EV 2005	First Named Inventor	Moses A. Lipshaw et al.		

Examiner Name

Henry Bennett 🔀 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3743

Attorney Docket No. CAID 1019480 (\$\500 nn TOTAL AMOUNT OF PAYMENT

TO TALE ALLIGORY OF TA		(4)000.00			10/110 1	010-100		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 501990 Deposit Account Name: Gordon & Rees LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEA	RCH, AND	EXAMINATIO	N FEES					
	FILING	FEES	SEARCH	FEES	EXAMINA	TION FEES		
	\$	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	ES					<u>s</u>	mall Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) 50						25		
Each independent claim over 3 (including Reissues) 200							100	
Multiple dependent clai						360	180	
Total Claims	Extra Cla	<u>iims Fee </u>				Multiple Depe Fee (\$)	ndent Claims Fee Paid (\$)	
- 20 or HP HP = highest number of total c			= 200.00			<u>ι ee (ψ)</u>	ree raid (\$)	
Indep. Claims	Extra Cla		(\$) Fees Pa	id (\$)				
6 - 3 or HP		× 100	= 300.00					
HP = highest number of indepe	endent claims p	aid for, if greater th	an 3	 				
3. APPLICATION SIZE	FEE							
If the specification	and drawing	gs exceed 100 s	sheets of paper	(excluding ele	ctronically fil	ed sequence or	computer	
listings under 37 C					or small entity	y) for each addi	tional 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50= (round up to a whole number) x								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
CUDMITTED DV //								

Signature Registration No. 35,461 Telephone 619 696-6700 (Attorney/Agent) Name (Print/Type) Harris F Brotman Date November 1, 2005

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